

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40009  
STATE FILE NUMBER

FILED DEC 13 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1177

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2052 Meadowview</u>				Length of stay in lb <u>55 years</u>		d. STREET ADDRESS (If outside, give location) <u>2052 Meadowview</u>	
3. NAME OF DECEASED (Type or print) First <u>Rilla</u> Middle <u>Steury</u> Last <u>Steury</u>				4. DATE OF DEATH Month <u>December</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 3, 1885</u>	
9. AGE (In years last birthday) <u>72</u>		10. F UNDER 1 YEAR Months <u>8</u> Days <u>3</u> Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and state or country) <u>Billings, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>		14. NAME OF HUSBAND OR WIFE <u>H. E. Steury</u>	
13a. FATHER'S NAME <u>Thornton Aton</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Thompson</u>		17. INFORMANT <u>Jack Steury</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>				16. SOCIAL SECURITY NO. <u></u>		Address <u>Springfield, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42.00</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>			
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Springfield, Mo.</u> COUNTY <u></u> STATE <u></u>			
21. I attended the deceased from <u>July 1955</u> to <u>9 Dec 1957</u> and last saw her alive on <u>9 Dec 1957</u> Death occurred at <u>11:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Shirley A. Peterson M.D.</u>				22b. ADDRESS <u>Springfield, Mo.</u>		22c. DATE SIGNED <u>10 Dec 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 11, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
24. FUNERAL DIRECTOR <u>Warman - Gehrig &amp; Home</u> <u>Springfield, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 18 1958

APR 22 1958

DEC 30 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Douglas P. Gorman, Student Embalmer No. 546 working under my personal supervision.

Student Douglas P. Gorman Signed Looslin Gorman  
Signature of Student Embalmer

Licensed Embalmer No. 3177  
P. O. Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.